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FINANCIAL DISCLOSURE STATEMENT For New Member	FORM B For New Members, Candidates, and New Employees	APR 17 2018
Name: Daytime Telephone:	hone:	18 APR 23 AM 10: 17
New Member of or Candidate for State: OK U.S. House of Representatives District: OI Candidates – Date of Election: 2018	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUES	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting igh the date of filing? Yes 🔼 No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X No reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain from this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded	fave you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a spouse or dependent child because they meet all three tests for	et all three tests for Yes I No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

X ONEANNED INCOME
Name: DAWNY STOCKSTILL
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BAPT.	SOUTHERN BAPT. AWULT	ENHANCED EN SERV.	LUNOV	ABC Hedge Fund	Examples	Mega Corp Stock		income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF box. If you so choose, you may indicate that an asset o	Exclude: Your personal residence, including second romes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership intenst in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	Tor all IRAs and other retirement plans (such as 01(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned income during the year.	Assets and/or Income Sources	BLOCK A
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	<u> </u>	*			╀	-	-	None						_	는 Be	indicate value of asset at use a valuation method used, specify the method used. If an asset was sold during only because it genera "None."		
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				×	L	\perp	_	\$250,001-\$500,000					(P	*Column M is for assets held by your spouse or dependen child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
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					L		\perp	\$1,000,001-\$5,000,0					-		8	reporting period. If you r market value, pleass g period and is included the value should be	2	
					L	L		\$5,000,001-\$25,000	000					-	use .	rket valu		
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×	×	-	-	├─	┝	╁╴	-							-	"None" if the asset gene during the reporting period	Check all columns that apply. It has generate tex-deferred in that generate tex-deferred in the "Tax-Deferred" column. Interest, and capital gal relinvested, must be disclostor assets held in taxable as	Type of Income	вгоск с
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				Partnership Income	Royalties			TAX-DEFERRED Other Type of Incom	a (Specify: e.g.,	Partnership Incom	e or Farm Incom	e)			"None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Cherred" column. Dividentia, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	ē	
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						7	<	\$1-\$200					=			For assets assets ladicapital gacheck "No Check "No Column X		
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					1	\top		\$100,001-\$1,000,00)				ᄝ			for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other licate the category of income by checking the appropriate box below. Dividends, interest, and lins, even if refinested, must be discibeed as income for assets held in taxable accounts. one" if no income was earned or generated. (I) is for assets held by your spouse or dependent child in which you have no interest.		
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SCHEDULE C - EARNED INCOME

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. Z

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

			INNOUATIVE EDUCATIONAL SERVICES	NINDES FUNERAL SERVICES	ENHANCED EDUCATIONAL SERVICES	INNOVATIVE EDUCATIONAL SERVICES	BROOKSIDE BAPTIST CHURCH	Examples. Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	
			Spouse Smary	HONDEARINAM	SALARY	SALARY	SALARY	Spouse Speech Spouse Salary	Honoranum Salary	Туре	1
			18,6%.18	300.00		2500.00	8942.40	\$0 N/A	\$0 \$20,000	Current Year to Filing	Am
			49,503.19	600.00	15,750.00	15,000.00	32346.42	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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				Disc	Example			
		**		DISCOVER	First Bank of Wilmington, DE	Creditor		
			•		5/98	Date Liability Incurred MO/YR		
		and the second s		CREDIT CARD	Mortgage on Rental Property, Dover, DE	Type of Liability		
				×		\$10,001- \$15,000	>	
						\$15,001- \$50,000	œ	
Ī						\$50,001- \$100,000	ი	
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						\$250,001- \$500,000	m	Amount of Liability
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						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	ر	
						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
BONED MEMBER	THEAKOGEE RETREAT AND CONF. CAMP GROWNDS
CHIEF CHAPLAIN	THUSA POCICE AND FIRE CHAPLAINCY CORPS
VICE PRESIDENT	BROOKSIDE BUSINESS ASSOCIATION

SCHEDULE F -- AGREEMENTS

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Identify the da continuation cemployer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
The second secon	

FILER NOTES (Optional)	38	Name:
NOTE NUMBER		NOTES